



Suite 216, The Public Ledger Bldg
150 S. Independence Mall West
Philadelphia, PA 19106-3413

Herbert H. Weldon Jr., Senior Deputy Director
Department of Health
Medical Assistance Administration
825 North Capitol Street, NE suite 5135
Washington, DC 20002

Dear Mr. Weldon:

We are pleased to inform you that your request to renew the District's Home and Community-Based Services Waiver for persons with HIV or AIDS (0317), as authorized under the provisions of Section 1915(c) of the Social Security Act, has been approved. Specifically, you submitted a request to provide water purification systems and replacement filters to persons with HIV/AIDS who would otherwise require institutionalization in a hospital.

Based on the assurances and information provided by your office, we approve the renewal request cited above for a 5-year period. This approval is effective January 1, 2000 until December 31, 2004 with the following C and D values for the waiver.

WAIVER YEAR	C VALUES	D VALUES	Total Waiver Costs
4	300	\$86.67	\$26,000.00
5	473	\$88.26	\$41,746.95
6	808	\$80.30	\$64,882.24
7	1,196	\$77.16	\$92,283.55
8	1,632	\$76.09	\$124,171.26

We appreciate the cooperation provided by you and your staff.

If you have any questions about this letter, please contact Theresa Rubin of my staff at (215) 861-4215.

Sincerely,

Charlene Brown
Regional Administrator

Prepared by: Theresa Rubin

11/08/2002

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Date	Office	Signature	Date	Office	Signature
11/08/2002	DMSO/FCHB	Rubin			